PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09-878815

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			71		Series and series		r	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fee	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			71 minus 20=		. 51			X\$ 9=		OR	X\$18=	918	
INDEPENDENT CLAIMS			4 minus 3 =		• /			X40=		OR	X80=	80	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	IESENT					.+135=		OR	+270=	-	
• if	the difference	in column 1 is	iess than ze	s than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	1708	
CLAIMS AS AMENDED - PART II											OTHER		
	The same of the sa	(Column 1)				(Column 3)		SMALL I	ENTITY	OR	SMALL	NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		a		X\$ 9=		OR	X\$18=		
AME	Independent	NITATION OF MI	Minus	ENDENT	CI AIM			X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+270=		
	1 ,		TOTAL DOIT. FEE		OR	TOTAL ADDIT, FEE							
Š	10/04	(Column 1)		(Colur	nn 2)	(Column 3)		7011. FEE (NUUII. FEET		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	ly s	HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	Ιг	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FER	
	Total	· 53	Minus	. 7	,	. —	\prod	X\$ 9=		OR	X\$18=	7	
	Independent	· 3	Minus	4		= -	┇┞	X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENI	CLAIM		┇┟	+135≃		OR	+270=		
		•						TOTAL		OR	TOTAL	-	
/n-	2005	(Column 1)		(Colur	ma 2)	(Column 3)	AL	DIT. FEE			ADOIT. FEE		
		CLAIMS		HIGH	EST	(Column 5)	1 -		ADDI-	1		ADDI-	
AMENDMENT C	• • • • • • • • • • • • • • • • • • •	REMAINING AFTER AMENDMENT	gapanan di kacama	PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 19	Minus	: '	7/	. —		x\$ 25		OR	XSTB#		
ME	Independent	. 3	Minus	*** , (4	=		×/0/17			volat)		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▍┝	700		OR	0100		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE													
***	If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pai	aid For IN THI	S SPACE	s less tha	n 3, enter "3."		DIT. FEE	ropriate box		ADDIT. FEE l lumin 1.		